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ABSTRACT

Although some psychotherapists have adopted aspects of mentoring in their style of therapy, there is little research on behavior change resulting from effective mentoring relationships. To investigate and evaluate the extent to which psychotherapists use mentoring and judge it to be effective with young adult clients, 110 psychotherapists and 90 clients were surveyed using the mentoring factor questionnaire. Results showed psychotherapists viewed mentoring as occasionally effective and ranked caring and teaching as the most effective mentoring behaviors. The client survey showed similar results. Younger psychotherapists of a behavioral orientation used mentoring significantly more than older, more experienced psychotherapists of a Rogerian or psychoanalytic orientation. Female therapists used caring more effectively, while males used guiding, advising and sponsoring more effectively. Clients judged mentoring to be more effective in the treatment of persons seeking personal development and growth, but significantly ineffective in the treatment of sexual, marital or relationship problems. The results suggest that mentoring can be a viable therapeutic approach when judiciously applied. (JAC)

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ACTIVE HUMANISTIC BEHAVIOR IN SOCIAL AND THERAPEUTIC INTERACTION

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The subject of development, transition and change has been an essential one, ont only in the study of the human life cycle but in the field of psychotherapy as well (Gould, 1972, 1978; Neugarten, 1973; Erikson, 1959; Brim and Wheeler, 1966; Buhler, 1959, 1968; Jung, 1976). The question of what it is that promotes positive development and change in person is still largely unanswered. That people do change and benefit as a result of relationships with significant others has been observed and demonstrated, of course (Strupp, 1973; Laborsky et al., 1971; Wolberg, 1967; Meltzoff and Kornreich, 1970; Neugarten, 1973; Erickson, 1959).

It has been the therapeutic relationship which draws the largest consensus from psychotherapists as being of utmost importance in the healing effort. Within this relationship, wide variation of qualities, techniques and therapeutic factors conducive to growth and change are reported.

It seems reasonable that we look at the most profound and enduring types of interpersonal relationships, evident throughout history, for clues to the therapeutic quandry. One social relationship recently seen to be ultimately important to the development and mental health of adults is the mentoring relationship (Burton, 1978; Levinson, 1977; Sheehy, 1976).

In his studies of the human life cycle, Daniel Levinson (1977, 1978), has recognized and defined specific stages of adult development. Between the ages of 17 and 33 years, a young person goes through what is termed the "novice phase of life" (Levinson, 1977). The young person faces four main tasks during this phase, one of which is to find a mentor to serve as a guide.

The mentor has been described as an older, wiser, more experienced person who chooses to shelter, educate, sponsor, criticize, care for and provide a blessing to a younger person in that person's quest for adult status (Levinson, 1976). The nature and character of these behaviors, in their application within the mentoring relationship, comprise what one researcher terms the "higher humanization" of

behaviorism (Burton, 1978). This perception is based in the observation that inherent in the behaviors, as applied within their particular relationship context, that they are at once active, that is deliverately engaged in by one person (leader) to assist another (follower). They are additionally humanistic, in that their application is intended for the primary benefit of the follower, with the goal of assisting him or her toward self-actualization, adult development, removal of neurotic symptoms and full participation in life.

There are, however, few sources of research bearing on the probability and nature of human development and behavior change resultant from effective mentoring relationships. Observational evidence has, none the less, accumulated that suggests the efficacy of the interactive process of mentoring for that purpose, and that has noted the parallels between the social mentoring relationship and the psychotherapeutic alliance (Levinson, 1976, 1977, 1978; Burton, 1977, 1978; Epstein, 1970; Boston, 1976; Obler and Wishengrad, 1977; Severance, 1978; Zaralaya, 1979; Ard, 1980; May, 1980; Ellis, 1980; Corsinis, 1980; Zimbardo, 1981).

The first psychotherapist to really outline, in detail, the structure and substance of mentoring within psychotheraphy was Arthur Burton (1977, 1978, 1979), who stated that "All psychotherapy contains an indigenous mentoring component within it which has more or less been overlooked." (pp 119). The failure of psychotherapists to recognize this aspect of therapy earlier, Burton, (1977) attributes to the tendency to place such a heavy emphasis on the transference as the primary change element, and to rely too little on the healing properties of the therapists personality.

Though several psychotherapists have adopted, in some form or other, aspects of mentoring to their style of therapy, they have seldom termed it such. As mentioned by Ard (1980), "Even Rogers and Freud have probably served in some sense as mentors with their clients, although they both may not like to admit it".

A synopsis of benefits, perceived and determined by practicing psychotherapists, to be resultant from the mentoring approach to psychotherapy includes the following:

1. The therapeutic relationship may become a formalized friendship which inhances its effectiveness, particularly in the latter stages of therapy where the client is beginning to sense a growing peerhood with the therapist (Burton, 1977, 1978; Zaraleya, 1979; Bugental, 1978; Ard, 1973).

2. The reality relationship is taken into account as well as the transference relationship creating opportunities for therapeutic performance, action or reinforcement (Strupp, 1973; Burton, 1977; Zaraleya, 1979).

3. Opportunities for the therapist/mentor to convey genuine and intrinsic interest in, and caring for the client are enhanced (Zaraleya, 1979; Burton, 1977, 1978, 1979; Bugental, 1978).

4. The therapist may serve as a companion and the client a fellow creator in the therapeutic process (Burton, 1977; Zaraleya, 1979; Bugental, 1978).

5. Therapeutic influence is manifestly increased, persuasion becomes a more potent tool (Wolberg, 1967; Burton, 1977, 1978; Ellis, 1980).

METHODS

Purpose

The purpose of the present research was to investigate and evaluate the extent to which psychotherapists utilize mentoring behaviors and a conceptualized mentoring process and judge them to be effective as therapeutic activities in the treatment of clients of the "early adult" age range (17 to 33 years). A second segment of the research involved a survey of former psychotherapy clients of the early adult age range with the purpose of evaluating the extent to which they rate the mentoring behaviors, they perceived to be utilized in their treatment, to have been effective as therapeutic activities.

Further major questions of research were: Are there significant correlations and differences between psychotherapists ratings of effective utilization of the mentoring process behaviors and the demographic variables of therapist's age, sex, therapeutic approach, number of early adult clients treated, and years of therapeutic experience. And, are there significant correlations and differences between former early adult clients ratings of effectiveness of the mentoring process behaviors and the demographic variables of client's age, sex, marital

status, number of psychotherapy sessions attended, and problems for which therapy was sought?

The formulation of mentoring used for this study attempted to account for the interactive variables of that process by including all behavioral factors reported in the literature to be essential to mentoring in its operational definition. Therefore, for the purpose of research, "mentoring" was defined as a set of activities (factors) occurring within an informally or formally established human relationship involving a leader (mentor) and a follower (mentee) who are engaged in an interactive process involving the following types of behavior on the part of the leader: Caring, Guiding, Advising, Teaching, Modeling, Sponsoring, Protecting, Constructively Criticizing, Serving as a Companion, and Bestowing a Blessing (Levinson, 1976, 1977, 1978; Burton, 1977, 1978, 1979; Sheehy, 1976; Boston, 1976; Ard, 1973; Epstein, 1970; Knox, 1974; Brim, 1976).

The present research involved surveys of licensed clinical psychologists and former psychotherapy clients of the early adult age range (17 to 33 years), throughout Southern California, utilizing the researcher developed Mentoring Factor Questionnaire.

The Mentoring Factor Questionnaire

The Mentoring Factor Questionnaire was developed with the aim of most accurately representing to the subjects, through a series of exemplars, specific behaviors that a mentor might engage in during interaction with a mentee. Ten exemplars were developed to represent each of the ten identified mentoring behavior factors. A total of 100 exemplars were presented in all which represented the mentoring process. Separate forms were constructed for presentation to the psychotherapist subjects (MFQ-P) and to the former early adult client subjects (MFQ-C).

An adaptation of the Likert Scale (Likert, 1932) was incorporated which utilized degree options stated in terms of frequency of "usefulness", in the case of the psychotherapist subjects, and frequency of "helpfulness", in the case of the former client subjects. These terms were chosen because it was felt that they elicited dual information as to both degree of utilization and degree of judged effectiveness. The degree options were assigned a corresponding point value, which yielded scores for each mentoring behavior factor and the overall mentoring process.

The content validity of the questionnaires was determined by a panel of professional psychologists recognized as authorities in the fields of psychotherapy and adult development.

Reliability analyses were performed on both questionnaire forms utilizing the entire questionnaire pools of both subjects. Cronbach's Alpha formula revealed an overall reliability of both forms of .96, with separate reliabilities for the mentoring behavior factors of between .61 and .89.

Profile of the Psychotherapist Subjects

Of the 110 psychotherapist respondents, 29 were female and 81 were male. The mean age of all Psychotherapist subjects was 41.82 years. Eighteen percent of the Psychotherapist subjects identified their primary approach as Rogerian, 28 percent were Behaviorally oriented and 30 percent claimed a Psychoanalytic orientation. The remainder of the Psychoterapist subjects subscribed to 13 other identified primary approaches.

The mean number of years of therapeutic experience for the Psychotherapist subjects was 13.00. The mean number of early adult clients claimed to have been treated was 1050.

Profile of the Former Client Subjects

Of the 90 Former Early Adult Cleint respondents, 45 were male and 45 were female. The mean age of the Client subjects was 28.50 years. All Client subjects were ethnically white. Fifty-five percent were single and never married, 30 percent were married, and 15 percent were divorced or separated and not remarried. The identified primary problems that were the focus of therapy were as follows: marital, 15:55 percent; personal relationship,70.00 percent; school performance and behavior, 5.55 percent; sexual, 14.44 percent; personal development and growth, 16.67 percent; and other, 23.33 percent. Several clients identified more than one primary problem. The mean number of therapeutic sessions the Client subjects claimed to have attended was 71.

RESULTS

A t-test analysis between factors revealed a definite hierarchy in terms of the Psychotherapist's ratings of effective utilization. By rounding each mean score to its nearest whole number, it can be seen that the Psychotherapist subjects tended to view the mentoring process as "Occasionally effectively utilized, and the separate mentoring behaviors in order and categorically as such: Caring and Teaching -

Usually Effectively Utilized; Bestowing a Blessing, Serving as a Companion, Guiding, Advising, Constructively Criticizing, Protecting, and Modeling - Occasionally Effectively Utilized; and Sponsoring - Seldom Effectively Utilized.

A t-test analysis between factors revealed a hierarchy in terms of the Former Early Adult Clients ratings of perceived utilization and effectiveness, as follows, from highest rated to least: Caring, Teaching, Bestowing a Blessing, Serving as a Companion, Guiding, Advising, Constructively Criticizing, Sponsoring, Protecting, Modeling. All were catergorically rated, as with the overall mentoring process, as Usually Effectively Utilized.

Utilizing the Pearson r and point-biserial correlation formulas, as well as the t-test, several significant findings were obtained. To summarize and generalize the results, psychotherapists of a behavioral orientation who are younger, with fewer years of experience, and who have treated fewer early adult clients, effectively utilize a mentoring process, with their clients of the early adult age range, to a significantly greater degree than do older psychotherapists, with more years of experience,who have treated more early adult clients, and who hold either a Rogerian or a Psychoanalytic orientation. Regarding the sex of the therapist, there were significant positive correlations between the attribute of being a male psychotherapist and high ratings of effective utilization of Guiding, Advising, and Sponsoring. Further, female psychotherapists tend to effectively utilize Caring to a significantly greater degree than do male psychotherapists.

The results also reveal a significant positive relationship between the attribute of being a female early adult and a high rating of effectiveness of the mentoring behavior Bestowing a Blessing. Male early adult clients rate the specific behaviors of Teaching, Guiding, Protecting, Bestowing a Blessing, Constructively Criticizing and Serving as a Companion significantly high. Those early adult clients who attended relatively more therapy sessions rated Caring significantly high in therapeutic effectiveness. Additionally, as judged by former early adult clients, the mentoring process is significantly effective in the treatment of persons seeking personal development and growth, yet, significantly ineffective in the treatment of sexual, marital or relationship problems.

DISCUSSION

The "mentoring relationship" has been a fact of human intercourse evident throughout history. Its recent scientific dawning is more a clarification of its true utility, effectiveness and purpose than any profoundly new discovery.

Along with the increasing awareness of the developmental and healing properties of the mentoring phenomenon has come an ever more urgent striving towards an understanding of the effective ingredients of psychotherapy. This modern thrust has been fueled as much by the desire for artistry in psychological healing as by psychology's sometimes strident obsession with scientific principles. The vital subjectivity of psychotherapy can never be objectified completely. In psychotherapeutic research it appears that the best one can hope for is a balance between the polarities of the subjective and the objective that allows the human moment to retain its uniqueness.

It is the researcher's opinion that the evidence supplied by this investigation sheds a dual light on both the nature and efficacy of mentoring and psychotherapy, as well as upon the phenomenological synthesis of the two processes. The therapist may make interpretations, listen reflectively, or reinforce a behavior ... the mentor helps create actualizations. It is the researcher's opinion that the two roles can meet, cross over, and in so doing amplify the potency of the therapeutic encounter.

The influence of the therapist upon the patient is still a great mystery. The therapist-patient interaction is an exceedingly complex web of variables. The search for the "essential effective ingredients" of psychotherapy goes on. Yet, we are beginning to understand, and the evidence here supports the likelihood that there may be no "essential" ingredients of therapy. A given form of therapy need not be suitable for everyone and not everyone may be a suitable patient for it. Certain techniques, whatever their theoretical basis, may be more effective under particular conditions and with certain individuals. Mentoring, for example, may be the most appropriate treatment available for certain clients, particularly those of the early adult age range seeking personal development and growth, and yet may stand irrelevant and incomprehensible to others. It is the researcher's opinion that mentoring must not be overlooked as a viable therapeutic approach that may be of tremendous value where judiciously applied.

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